days in conventional laparoscopic-TEP group. Additional pain control seem more often in conventional laparoscopic-TEP group (32/42, 76.2% vs 20/36, 55.5%). No recurrence reported in both group during a mean follow-up period of 11.14 months in LESS-TEP group and 16.85 months in conventional laparoscopic-TEP group.
Conclusion: In our experience, LESS-TEP hernia repair seems to be safe and feasible procedure. There were no significant differences in the postoperative hospital stay, operative time and complications rates compared with conventional laparoscopic TEP hernia repair.

NDP047:
ROBOTIC-ASSISTED LAPAROSCOPIC PARTIAL NEPHRECTOMY FOR SMALL RENAL CELL CARCINOMA: CHI MEI MEDICAL CENTER EXPERIENCE

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Purpose: Partial nephrectomy is an effective surgical treatment for small renal masses, and the benefit of renal function preservation. Laparoscopic partial nephrectomy is still one of the more challenging procedures in urology. Minimizing warm ischemia time (WIT) and bleeding requires efficient intracorporeal suturing. Robotic system offers the surgeon to perform complex reconstructive procedures with more precision, dexterity and rapidity. We present the experience and outcome in robotic-assisted laparoscopic partial nephrectomy (RALPN) for small renal cell carcinoma in our institution.
Materials and Methods: From May 2012 to November 2014, 22 patients underwent RALPN for small renal cell carcinoma in Chi Mei Medical Center, operated by single surgeon with retroperitoneal approach. Patient demographics, tumor characteristics, intraoperative, and postoperative data including tumor size, warm ischemia time, and estimated blood loss (EBL) were analyzed.
Results: The average age of the patients (14 male, 8 female) was 53.5 (range 36-75) years. Average BMI was 25.41 (range 17.4-33.9) kg/m2. A total of 9 patients had tumor on right and 13 patients had tumor on the left. Location wise the distribution was as follows: Upper pole ($n = 8$), midpole ($n = 3$), lower pole ($n = 10$) and 1 had hilar mass. Average tumor size was 3.14 cm (range 1.7-6.7 cm). Average operative time was 253.95 (range 155-430) min; Average consule time was 126.95 (range 78-218) min. Mean warm ischemia time was 20min 04 sec (range 10min40sec~32min36sec). Mean blood loss was 265.9 (range 0-1000) ml, 4 patients need blood transfusion. Pathologic examination revealed clear cell type in 17 patients, papillary type in 2 patients and Chromophobe type in 3 patients. All margins were negative.
Conclusion: Robotic-assisted laparoscopic partial nephrectomy is a feasible and safe approach to small renal masses. Robotic partial nephrectomy had shorter WIT compared to the previous reported laparoscopic partial nephrectomy data.

NDP048:
EXTRAPERITONEAL ROBOT-ASSISTED RADICAL PROSTATECTOMY TAIPEI CITY HOSPITAL EXPERIENCE

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Purpose: We described and assessed our experienced of extraperitoneal laparoscopic radical prostatectomy performed using the da Vinci (Intuitive Surgical, Mountain View, California) robotic system.
Materials and Methods: From 2014 to 2015, 24 consecutive patients with clinically localized prostate cancer underwent extraperitoneal, robotic assisted laparoscopic radical prostatectomy. After development of the extraperitoneal space with conventional laparoscopic instrument, the surgeon performed robot assisted extraperitoneal laparoscopic radical prostatectomy from the console. The assistant used conventional laparoscopic instruments only with suction-irrigation and laparoscopic allis to facilitate prostatectomy. Perioperative data and pathological results were recorded.
Results: No difficulties were noted when developing the extraperitoneal space. We use balloon dilator to create extraperitoneal space ; confirm and insert trocars with conventional laparoscope. The trocar site is the same with conventional laparoscopic setup. Mean operative time was 174 minutes. Mean catheterization time were 11 days. No major postoperative complications or open conversions were observed.
Conclusion: The extraperitoneal approach was feasible with the da Vinci robotic system.
The procedure offers the advantages of improved dexterity and visualization of the robot, while avoiding the abdominal cavity and potential associated morbidity. Da Vinci robotic extraperitoneal approach for radical prostatectomy simulates the standard open retropubic technique seem will be likely to gain popularity.

NDP049:
THE FACTORS INFLUENCE THE PENTAFECTA OUTCOMES POST LAPAROSCOPIC RADICAL PROSTATECTOMY IN ASIA

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Purpose: In men with localized prostate cancer, radical prostatectomy (RP) was the choice of treatment. The outcomes post RP are usually use the trifecta which included cancer free and full functional recovery but this does not cover all aspects of surgery. Pentafecta is a more comprehensive methodology to report outcomes after radical prostatectomy, including complications and surgical margin status with the three major outcomes classically reported. The purpose of this study is to report our experience with laparoscopic radical prostatectomy (LRP) by applying the concept of pentafecta.
Materials and Methods: From May 2008 through May 2014, details of 180 consecutive patients who underwent laparoscopic radical prostatectomy performed by a single surgeon were retrospectively analyzed. Among these patients, 54 patients reported good sexual function before surgery underwent unilateral or bilateral nerve sparing and had at least 1 year of follow-up were included in the study group.
Results: The average age was 66.3 ± 8.2 years (49–79) and the total PSA was 13.83 ± 8.10 ng/dl (2.094- 40 ng/dl). According to D'Amico classification, 10 persons (18.5 %) were low; 25 persons (46.3%) were median, and 19 persons (35.2%) were high. The operative time was 183.8 ± 81.6 min (65-52.5), and the complication rate was 18.5 % in Clavien I–II (10) and 1.9 % in Clavien III (1 laceration over urethovesical anastamosis). The positive surgical margins was 20.4% (11/54); the biochemistry recurrence was 20.4 % (10/ 49 12~72 months); the continence rate was 96.3 % and the potency rate was 66.7 %. The trifecta rate and pentafecta rate were 59.3 % and 40.7 % in the follow-up and became 73.5% and 58.8 % after excluding the advanced pathology stage (pT >2) and old age (age > 70 year-old) patient.
Conclusion: The pentafecta is an ideal condition for comprehensive approach for reporting prostate surgery outcomes after radical prostatectomy in early stage prostate cancer. Because older age and advanced stage of patients in Asia, it is not feasible to predict the outcomes of prostate cancer treated with laparoscopic radical prostatectomy. This approach may be beneficial and may be used when counseling for those younger patients with clinically localized prostate cancer.

NDP050:
REFINED PLUCK TECHNIQUE BY URETERAL OCCLUSION AND TRANSURETHRAL CYSTORRHAPHY IN NEPHROURETERECTOMY WITH BLADDER CUFF EXCISION FOR UPPER TRACT UROTHELIAL CARCINOMA

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Purpose: To evaluated the feasibility of refined pluck technique by ureteral occlusion and transurethral cystorrhaphy in nephroureterectomy with bladder cuff excision for upper tract urothelial carcinoma (UTUC)